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ABSTRACT

The paper examines the literature on public attitudes, professional attitudes, and peer attitudes toward the mentally retarded. Discussed are methodologies for attitude change through physical contact, knowledge exposure, and a combination of social contact and knowledge exposure. It is concluded that studies in the area of changing attitudes of the normal population toward the retarded are inconclusive. Six ingredients to promote the effect of contact on attitude change are proposed: cooperative interdependence, equality of status, norms favoring equality, success, acquaintance potential, and stereotype destruction. (Author/SBH)

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ATTITUDES TOWARD THE MENTALLY RETARDED: A REVIEW OF SELECTED LITERATURE*

by

Nora Wong and Stanley A. Perkins**

> " During the 1960's, Americans discovered that the Scandinavian countries were much further advanced than we were in the care, education and rehabilitation of the mentally retarded, ... With energy and soul searching, many 'retardationists' sought to close the gap between American and Scandinavian services. The initial attempt was to plant the seeds of the Scandinavian model in various parts of the United States...
>
> Despite all these efforts, the care, education and rehabilitation of the mentally retarded in this country did not rapidly undergo a major metamorphosis, because, although the trappings changed, the heart of the program did not. What was not transplanted from Scandinavia was the CONCERN for the DIGNITY of the individual... in short, a greater RESPECT for the individual..."
>
> (Goldberg 1972)

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Mental retardation is as old as the history of mankind. It has evolved from an era of superstition and deliberate destruction to an era of understanding and recognition (Gearheart 1976). According to Gearheart, the 1970's is the era of normalization, child advocacy and litigation. Movements like mainstreaming and de-institutionalization are in vogue. As far as the education setting is concerned, here in British Columbia, The Ministry of Education in its Guidelines: Special Education Program 1977-1978 states:

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"7. Learning Assistance Approvals are no longer intended to support self-contained special classes for mildly handicapped children. Several alternatives to special classes have proven superior in meeting the needs of mildly handicapped children."

(Fleming, Gittins and Arbess 1977)

In spite of the fact that the exact nature of 'alternative' was not specified, or documented, it seems that mainstreaming is indicated as an alternative.

Along with the trend of integration, the attitudes of the 'normal' population toward the retarded has become a major concern. As pointed out by Gottlieb and Corman,

" The recent movement toward societal integration of mentally retarded persons offer a new source of hope for these people... This hope, however must be tempered by the threat inherent in the deinstitutionalization movement that retarded persons will not be accepted by the community into which they are placed, that public and political pressures will force their retreat back to institutional living, and that the institutional concept will consequently become more firmly entrenched than it ever was in the past."

(Gottlieb and Corman 1975)

The purpose of this paper is to examine the literature on public attitudes, professional attitudes, and peer attitudes toward the mentally retarded.

Public Attitudes Toward The Mentally Retarded

The President's Committee on Mental Retardation (1976) sponsored a nationwide poll, conducted by the Gallup Poll Organization, to investigate how Americans accept the presence of mildly and moderately retarded people in normal residential and work environment. Results indicate that only five percent of respondents would object to working alongside a properly trained, mildly or moderately retarded person. Only nine

percent would object to having a group of six mildly or moderately retarded persons who have been trained for community life occupying a home on their block. Fourteen percent think there is reason to fear mentally retarded people. The authors commented that 'the poll presents results of what people say they would do or believe. Their statements may not always be reflected in their subsequent actions'. Also it is this speaker's observation that the people in this study were only expressing their feelings about 'properly trained' retarded persons. It would be interesting to know how they qualify this term, and also their feelings towards those retardates who are not 'properly trained'. Are they willing to tolerate them as much as they would the not 'properly trained' 'normal' population? If not why not?

Apart from the above study, the majority of studies on attitudes of the general public towards the retarded are generally inconclusive. Most of these studies do show a lack of acceptance (Mental Retardation: The Known and The Unknown 1976).

Gottlieb and Corman (1975) did a study on the public attitudes toward mentally retarded children by 430 adults. These authors found that only 33% disagreed that 'the special class is the best way of education for the mentally retarded child'. 34% agreed, and 23% were undecided. Furthermore, these authors found that parents of school aged children were more in favor of segregating retarded children in both the community and classroom.

Hollinger and Jones (1970) conducted a study in which 114 randomly selected residents of a small Ohio community were studied regarding their understanding and knowledge toward the term "slow learners' and mental

retardation'. The results revealed little understanding of both terms. 'Slow learners' were seen as capable of succeeding in university and of having their condition corrected by proper education and training. Mental retardation was somtimes confused with mental illness and physical disability.

Latimer (1970) interviewed over 1,000 persons to determine current attitudes toward mental retardation. Results indicate that lack of information about available resources, lack of participation in mental retardation activities, confusion about mental retardation and mental illness etc. still exist.

Jaffe (1966) found that adolescents who reported they had contact with mentally retarded persons expressed more favorable attitudes than individuals who indicated they did not have contact. Subjects apparently reacted negatively to a stereotyping label but not to a person who was described as retarded but functioned adequately.

Cohen (1963) studied a group of employers and potential employers' attitudes toward the retarded. He found that there is a negative relationship between education and attitude. Also there was a lack of relationship between factual information and attitudes towards the retarded.

Professionals' Attitudes Toward the Mentally Retarded

In this section, the attitudes of three professional groups will be examined. These groups are: a) pediatricians, b) social workers, and c) teachers.

Pediatricians, social workers and teachers are primary dispensers of a variety of information and services to the mentally retarded and

their families. One would expect these three disciplines to hold positive attitudes toward the mentally retarded since they must have a better understanding on mental retardation through their daily contact with the retarded population.

Attitudes of pediatricians

Studies conducted on the attitudes of the pediatricians toward mental retardation indicate that few of the pediatricians had any well developed perspective to guide their interaction with parents of retarded children. They had limited knowledge, training and interest in the area of mental retardation, (Olshansky and Ketell 1963; Olshansky and Sternfield 1962; Fisher, Koch, Sands, and Bill 1968). This is most unfortunate as we all realize what a great impact pediatricians have toward the parents of the handicapped as they are usually the first professional to inform the parents about the handicap of their child. How parents perceive the handicap of their child has a lot to do with how they were informed about the handicap.

The indifference of pediatricians is further reflected through the reactions of parents of the retarded towards this group as indicated by parents demanding doctors to be better informed about training for retarded, (Sellin and Baller, 1974). Educators also called upon doctors to be more constructive in counselling parents of the retarded (Mat\eny and Vernick 1968, Jensen 1950, Sheimo 1951).

Attitudes of social workers

In almost every setting where social workers are engaged in the practice of their profession, (i.e. public welfare, medical settings), mental retardation is to be found and is in need of social work service.

Yet very often this group of professionals is not equipped with sufficient background knowledge and skills to enable them to offer service in the current community climate, (Krishef and Levine 1968; Protheror and Ehlers 1974).

Sterns and Jarrett (1976) did a study to investigate how much and by what method mental retardation is incorporated into the curriculum of fifty-four accredited graduate schools of social work in the United States. Data showed that only seven schools (13.0%) out of the total sample offer courses which deal specifically with mental retardation. Given this is the case one would not be surprised to find social workers holding negative attitudes towards the retarded if their information concerning this group is so limited.

Attitudes of teachers

The attitudes of expectancies of teachers toward students have a significant effect on children's academic performance, (Rosenthal and Jacobson, 1968). Furthermore teachers' attitudes toward a retarded child could be the determining factor as to how much a retarded child is accepted by his 'normal' peers, for it is up to the teacher to cultivate an atmosphere of acceptance in the classroom. If a teacher feels negative about retarded children, her feelings would be picked up by the 'regular' students of her class and the retarded children in her class would become helpless and isolated. Gickling and Theobald (1975), assessed special and regular class teachers' attitudes toward mainstreaming and found that only 40% of the teachers could be considered as strongly favouring a mainstreaming approach for educating mildly handicapped children.

Holman Jorgenson (1971), studied the attitudes of home economics education student teachers toward the mentally retarded. The results of this study indicate that few, if any, of the home economics students had received any formal educational information on mental retardation. About 53.7% of them seemed to indicate a desire to avoid intimate contact with the retarded.

Gilling and Rucker (1977) did a study to determine whether teachers have lower expectations for handicapped children who are labeled than children with identical behaviors who are not labeled. The results indicate that labels carry a negative connotation that results in lower teacher expectations for both regular and special class teachers.

Efron and Efron (1967) did an analysis of attitudes of educators toward the retarded. The analysis showed that teachers of the retarded as compared with persons in general education had more factual information about retardation, and had less inclination to segregate and institutionalize the retardate. Greene and Retish (1973), administered the Minnesota Teacher Attitude Inventory to special and regular education student teachers. These authors did not find special education student teachers to have more favorable attitudes than general education student teachers. On the other hand, Harth (1971), compared attitudes of special education students and regular education students toward mental retardation. He found that overall special education students had more favorable attitudes toward mental retardation than did general education students.

In spite of the more favorable attitudes held by some students and teachers of special education toward the retarded, special class teachers often tend to underestimate the ability of their students

which bring about a self-fulfilling prophecy. Dunn (1968) in reviewing the studies on efficacy of special classes for the educable retarded, concluded that the academic achievement of these students was lower in special classes than in regular classes. He further pointed out, in a later study that neither special class nor regular class students as a group work academically up to even their mental age expectancy (Dunn 1973).

Hill and Hill (1976) did a study to obtain information regarding some of the attitudes about mental retardation by 'experts' (members of the American Academy on Mental Retardation) as well as college students enrolled in courses dealing with 'special education'. The result of the study indicate that many of the misconceptions about mental retardation still exist.

Peer Attitudes Toward The Mentally Retarded

The majority of research on peer attitudes toward the mentally retarded as focused on attitudes toward mildly retarded children within a school context. One of the more often cited early studies was conducted by Johnson (1950), who studied the social status of EMR children who were totally integrated into regular classes. The results indicated that non-retarded children were accepted approximately twice as often as the retarded, while retarded children were rejected approximately four times as often as non-retarded children. More than twice as many retarded children than non-retarded children were isolated. Similar results were obtained by other researchers, (Johnson and Kirk, 1950; Miller 1956; Heber 1950). The researchers found that retarded children in the regular

grades in schools without special classes enjoy a less favorable social position than children of superior ability.

More recently conducted studies also indicated that integrated EMR were not more socially acceptable than the segregated ones, (Goodman, Gottlieb, and Harrison, 1972; Gottlieb and Budoff, 1973; Gottlieb and Davis, 1973). In all three studies, the retarded children were always accepted significantly less often than non-retarded children.

Bartlett (1977) reviewed studies on part time special education program for EMR and resource room placement for EMR children. He found that even with a lot of pre-service teacher training, the mentally retarded child being served by a resource room is socially isolated and generally not well accepted.

Gottlieb and Gottlieb (1977), compared junior high school students rating between crippled children and mentally retarded children, and found that crippled children were rated more favorable than the mentally retarded, findings which support the results of the Willy and McCandless (1973) study.

The studies reviewed so far suggest that if human attitudes toward the retarded have at all improved, the feeling of resentment and rejection towards the handicapped is still embedded deep down in most of our minds. Yet knowing that such feelings are not acceptable to society any longer, we try to suppress it and hide it. If the attitudes of the community towards the retarded are negative, we can anticipate that the retarded children integrated into regular classes are going to be rejected by their 'normal' peers since the behavior of children is mostly shaped by the adults around them, (Mussen, Conger and Kagan, 1969).

These negative attitudes toward the retarded have to be changed. Few attempts have been made however to change the public's attitude toward the retarded. As for those studies that were conducted with professionals and peers, there is a lack of consistency in the findings, (Gottlieb 1975). Two methods are generally utilized to try to change the attitudes of people toward the retarded: 1) through physical contact with the retarded; 2) through knowledge exposure.

Methodologies of Attitude Change

Attitude Change Through Physical Contact

The notion behind this strategy is that the more contact a person has had with retarded people the greater the probability of having favorable attitudes. According to Guskin,

> "...Groups that appear strange or different are said to arouse anxiety, which may lead to unfavorable attitudes. This seems to be the assumption underlying the hypothesis that greater contact with the retarded should lead to more favorable attitudes."
> (Guskin 1977)

It is hoped that social contact would enable a person to see the retarded as a person, rather than a series of stereotype most of which are negative.

Gottlieb et al (1973) found that when regular class children were able to observe EMR children either in regular or special classes, their attitudes were less favorable than when they were unable to observe EMR pupils and respond stereotypically to attitude questionnaires. The result of this study agrees with studies done by Goodman Gottlieb and Harrison (1972), and Gottlieb and Budoff (1973). These two studies indicated that integrated former special class children were not more socially acceptable

to their 'normal' peers than those who remained in segregated classes.

Strauch (1970) attempted to study the expressed attitudes of 'normal' adolescents who had social contact with EMR adolescents through integration in special subjects. This group was compared with a control group who did not have such experience. Results indicate that mere contact was not sufficient to provide more positive attitudes toward EMR students.

Sheare (1974) was able to demonstrate in his study a higher level of acceptance by 'normal' students of experimental groups, where non-retarded children and EMR adolescents from special classes were integrated in non-academic classes, than control groups where the retarded and non-retarded subjects were not integrated. Yet Sheare failed to demonstrate that this level of acceptance is equal to that toward 'normal' peers.

Clyde and McKaniel (1970) tested the impact of participation in extracurricular activities on social acceptance and social rejection. He found that exposure to extracurricular activities (basketball and square dancing) over a six week period increased social acceptance and either decreased or stabilized social rejection.

Kimbrell and Luckey (1964) and Sellin and Mulchahay (1965) studied the effects of contact by means of an institutional tour on changing people's attitude toward mentally retarded individuals. Both sets of investigators found that an institutional tour elicited both positive and negative components of attitude change. They found that attitudes toward the institution became more positive as a function of the tour but that attitudes toward the retarded themselves did not.

Attitude Change Through Knowledge Exposure

The concept underlying this approach is that special knowledge will promote a more positive attitude toward the retarded.

Two studies were done to show the impact of education on social work students' attitudes and behavior toward mental retardation, (Begab 1970; Prothero and Ehlers 1974). In the Prothero and Ehler study, forty-six social work students were exposed to a set of learning materials (a programmed text in mental retardation). Results indicate significant increases in knowledge about mental retardation, but no significant differences in students' attitudes towards the retarded. The researchers then concluded that in order to change attitudes of students it would appear that something other than a significant increase in knowledge about retarded persons is necessary.

Begab (1970) studied the effects of differing educational experiences, and factors other than education per se, on the knowledge and attitudes of social work students about mental retardation. He found that knowledge derived through affective experiences - education or personal - has greater impact on attitude formation or change than knowledge alone.

Attitude Change Through Social Contact and Knowledge Exposure

Hersh, Carlson and Lossino (1977) conducted a study in changing the attitudes of social work students toward mental retardation. The authors stated in their study that they intend to extend the line of research of Prothero and Ehlers (1974) and Begab (1970). Thus the design of this study was an improvement of these two studies conducted earlier. The students involved in this study were predominantly graduate students in a school of social work. Students of the experimental group were

exposed to a seven session elective introductory course on developmental disabilities, for example - mental retardation, cerebral palsy, and the epilepsies. Small group structural role-playing was implemented. A supplementary experience involving one day of interaction with a family with a retarded member was also given. These families were volunteers who indicated that they were willing to spend a day with a social work student. Results of this study indicated that those students in the experimental group made a more positive change than the students in the control group. The students participating in the experimental visits were enthusiastic about those visits. Several suggested positive change in their respect for these families, in their attitudes toward retardation, and their self-understanding.

Studies on Attitude Change Are Inconclusive

As can be seen, studies done so far on chaning attitudes of the 'normal' population toward the retarded are inconclusive. In those studies where social contact or knowledge was used as the only treatment, no positive effect was noticed. As pointed out by Gottlieb (1975), exposure per se does not necessarily produce favorable attitude change toward mentally retarded people. Ashmore, (1975) in discussing strategies for changing attitudes and behavior, cited three studies (Amir, 1969; Ashmore, 1970; Cook, 1970) to demonstrate that contact is not always conducive to reducing prejudice and conflict. He further pointed out that as a matter of fact, contact can often heighten conflict and reinforce prejudice.

Components for Attitude Change

The pitfall of those studies in which either social contact or knowledge was used as the only treatment for attitude change is that

these researchers had overlooked two very important components: belief and affect. Any attempts to change attitude must take into consideration how these attitudes are related to higher order values and self-conceptions, (Ashmore 1975). Resistance is to be expected if the attitude change advocated by a particular message was incompatible with an individual's belief.

Bartell in reviewing studies on part time special education program for EMR, concluded that the mentally retarded child being served by a resource room is socially isolated. In order to eliminate social problems, we will need a revamping of social systems. English and Palla (1971) suggested that before dramatic changes in the attitudes of the general public take place, we may need to change some of the basic cultural values of America. First there needs to be a dramatic change in the cultural emphasis placed on physique. Secondly, the culture needs to place substantially more emphasis on the assets of the mentally retarded other than their limitations and how they compare to the intellectually normal. Without such basic changes, whatever attitude changes that do take place will probably be quite superficial. This concept of changing basic cultural values is advocated even better by the President's Committee on Mental Retardation (1976). In the chapter on 'Public Attitudes' it was pointed out that the fate of the mentally retarded will depend on

> "...what image, in the end, is to guide the public action. If understanding, which present knowledge can give us, is deepened to an emotional linkage with the humanitarian and democratic roots of our national heritage, there is real hope for mentally retarded Americans."

It further stated its goal for public attitudes as

> " To achieve a firm and deep public acceptance of mentally retarded persons as members in common of the social community and as citizens in their own right."

It went on to explain that in order to achieve this goal, one of the objectives should be the "advancement of those values which emphasize the worth of every human being without regard to his material possessions, his job status, his ... his IQ, his ..."

The second component of attitude change is the affective component. Ashmore (1975), pointed out that it is affect combined with belief that shapes behaviors toward the attitude objects. Vurdelja and Jordan, (1974), in studying the attitude behaviors toward retardation of mother of retarded observed that enjoyment of contact rather than extent of contact was most significantly related to attitudes.

Ashmore (1975) listed six ingredients which are known to increase the probability that contact will have an ameliorative effect. These ingredients are:

1) cooperative interdependence (shared means and goals); majority and minority group members should not only work toward shared goals but should share task responsibility for achieving these goals.

2) equality of status: minority group members should not all occupy low status positions.

3) norms favoring equality: institutional, authority, and peer group norms surrounding the contact situation should favor contact and tolerance in general.

4) success: the contact situation should be as rewarding as possible or if the contact group is unsuccessful the failure should not be linked to performance deficits by minority group participants.

5) acquaintance potential: the situations should allow the participants to exchange personal information and develop friendships (Cook, 1970).

6) stereotype destruction: at least some significant proportion of minority group members in the contact situation must not conform to cultural stereotypes." (Ashmore 1975)

In examining some of the attitude change studies cited earlier, this researcher found that those studies which did bring about a successful result did have some of the components mentioned above built into their design. For example in the Clyde and McKaniel (1970) study, the experimental subjects must have undergone a pleasurable experience in the basketball and square dancing activities with the retarded. Though not pointed out by its authors some of the ingredients mentioned by Ashmore (1975) must be present in those game situations if not all of them. This resulted in a positive change of attitudes in the experimental subjects. The shortcoming of this study is that the authors had overlooked the factors that attitudes are related to higher order values and self-conceptions as mentioned by Ashmore (1975). Since the basic cultural value of the experimental subjects had not changed, one would expect that their attitude change as demonstrated in the study to be short-lived and superficial.

The chief factor that broughtabout the attitude change in the experimental subjects in the Hersh, Carlson and Lossino (1977) study was the home visit activity. The families the students visited were volunteers who indicated that they would be willing to spend a day with a social work student. Since these families took the trouble to volunteer their services we would expect that they would make an effort to provide

pleasurable experiences to the students. As a result of this pleasurable experience we found the students reported positive change in their respect for these families, in their attitudes toward retardation, and their self-understanding. Yet one should not overlook the fact that only the affective component of attitude change is present in this study. Nothing was done in the 'belief' area. Thus like the experimental subjects in the Clyde and McKaniel's study, we expect the attitude change of this group to be short-lived as their basic cultural values were not changed.

Conclusion

A review of literature on attitude and attitude change toward the mentally retarded indicates that the most extensively used methods on changing the attitudes of the 'normal' population toward the retarded are: a) through physical contact with the retarded (Gottlieb et al, 1973; Goodman Gottlieb and Harrison 1972; Gottlieb and Budoff, 1973; Strauch, 1970; Sheare, 1974; Clyde and McKaniel, 1970), b) through exposing the subjects to basic knowledge on mental retardation, (Begab, 1970; Prothero and Ehlers, 1974), and c) through social contact and knowledge exposure, (Hersh, Carlson and Lossino, 1977). So far studies done in the area of changing attitudes of the normal population toward the retarded are inconclusive, (Gottlieb, 1975). Researchers on attitude change feel that in order to bring about a genuine change in attitude, mere exposure to knowledge alone is not enough, (Begab, 1970; Prothero and Ehlers, 1974). Instead, the program must be designed in such a way that it incorporates the modification of basic belief and cultural values as part of the treatment variable (Ashmore, 1975; English and Palla, 1971). As for physical contact as a treatment variable for attitude

change, Ashmore (1975) proposed six ingredients to promote the effect of contact on attitude change. These six ingredients are: 1) cooperative interdependence; 2) equality of status; 3) norms favoring equality; 4) success; 5) acquaintance potential; 6) stereotype destruction. Thus it appears that in order to bring about an effective attitude change program, belief and affect are the two basic components.

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